



# Application: 2024 Beyond Barriers Summer Transition Program

To apply for the Beyond Barriers Summer Transition Program, you must first be accepted to Liberty University for Summer 2024.

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Nickname M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ With whom do you live?  Mother  Father  Both parents  Other

What is your t-shirt size?  Small  Medium  Large  XL  2XL  3XL

## PRIMARY PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECONDARY PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TELL US ABOUT YOU**

**Answer the following prompts on a separate document and include with your application**

- (1) In 200 words or less, tell us why you want to apply for the Summer Transition Program.
- (2) In 200 words or less, tell us about your strengths and what makes you unique.
- (3) What is your major?
- (4) What type of career would you like to pursue?
- (5) In 200-300 words describe: (1) how you feel this program will contribute to supporting your college experience, (2) your academic strengths, (3) your social strengths, and (4) your specific challenges and how they might impact your experience at Liberty.

**EDUCATION – SUPPORT SERVICES – DOCUMENTATION**

High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Type of High School:     Public             Parochial             Private             Home School

Type of Program:         Regular classroom     Learning support     Autism support     Life skills  
                                   Emotional support     Other

Special Services:         Occupational therapy     Physical therapy     Speech therapy

Do you have a 504 Plan or IEP?     Yes     No

Support Services – Did you receive any of the following?  Group Therapy     Individual Therapy     Other: \_\_\_\_\_

Please list all the accommodations you received in high school.

Please submit a copy of your most recent disability diagnosis documentation (i.e., IEP, 504, direct letter from treating physician).

Date Completed: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Place of Evaluation: \_\_\_\_\_

**BEHAVIORAL CONCERNS / OTHER DIAGNOSES**

Please describe any behavioral concerns or other diagnoses that impacted your high school experience. How might these concerns impact your educational experience or transition to life on a college campus?

What concerns do you have about being a student at Liberty University?

What additional information should we be aware of to support you during your time at Liberty University?

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if student is under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

**Fax completed application to 434-582-3858 or Email completed application to [ejwarren@liberty.edu](mailto:ejwarren@liberty.edu)**